

Public, Professional, Industrial Allies In Sanitation

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UNTIL RECENTLY, three classic approaches have dominated the public administration of sanitation. The most primitive approach by the sanitarian was to carry a big stick. A more sophisticated approach was to speak softly and carry the big stick in a velvet glove. With the advent of epidemiology, it proved effective to speak cogently and to carry a slide rule. Today we have reached a point where public officials may expect sanitation to prevail mainly on a cooperative basis. The pressure to comply with approved sanitation practice now rises less from a fear of epidemics or of legal sanctions and more from a desire for good living and common realization of mutual interest. The activities of official health inspectors have been augmented and to a great extent reconstructed by the emergence of sanitary habits, practices, and customs in the general population and in industry.

The emergence of the modern mood in sanitation has stimulated the following comments on its development.

From Resistance to Collaboration

At the outset, it may be well to recall that advances in sanitation never have come easily. It is only human to resist change, and, to a moralist, resistance seems to be compounded when the change is beneficial. Impatient with such resistance and perhaps imbued with a

deep sense of righteousness, the sanitarian in the past tended to resort to police power rather than rely upon persuasion.

The dilemma of the early sanitarian was expressed in Lemuel Shattuck's eighth recommendation: that "Local Boards of Health endeavor to carry into effect all their orders and regulations in a conciliatory manner; and that they resort to compulsory process only when the public good requires." He commented, "In carrying a public measure into effect, the favorable opinion and cooperation of the people is desirable." But Shattuck did not feel that such cooperation was essential. Rather, he cited the summary power of the Commonwealth and its "duty to interfere" to remove a health hazard. "Public safety requires it—human life demands it," he wrote (1).

Sir Edwin Chadwick, the author of the modern sanitary awakening, was deposed from office for his zeal (2). His determination to clean up London created such a storm of opposition that the *London Times* commented in 1854, "Aesculapius . . . in the form of Mr. Chadwick [has] been deposed, and we prefer to take our chance of cholera and the rest than be bullied into health—England wants to be clean, but not to be cleaned by Chadwick."

So much has the attitude toward sanitation changed that today the public appeals to the professional sanitarian and the public health official for advice and guidance. As to sanitation of interstate carriers, a direct responsibility of the Public Health Service, there has been a distinct gain in cooperation even within the past 5 years. For example, the Joint Com-

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mittee on Airline Sanitation, composed of representatives of the Public Health Service, the airlines, and catering companies, has found that commercial interests are eager to establish and comply with the committee's recommended sanitary requirements. These are now advanced almost to the point of formal publication. Progressive leaders of the restaurant trade have shown a similar spirit. Several railways have provided dining car supervisors, trained in sanitation practices, to conduct inspections to meet and even supplement Public Health Service requirements. Progressive railways go well beyond the essential requirements of dining car sanitation. Such efforts permit a public inspector to become more of a guide, teacher, and counselor and less a detective or policeman.

An increase in private assumption of responsibility for sanitation certainly does not warrant the abdication of State responsibility. Nevertheless, evaluation of health department sanitation services in the future may well consider how much of the activity conducted at public expense might be conducted by private enterprise with greater efficiency and economy. The Public Health Service's evaluation of the big stick policy has led to placing primary and major emphasis upon education and technical guidance. All the Service handbooks on sanitation practice and standards stress the technique, the purpose, and the advantage of sanitation rather than legal requirements and penalties.

The fall of Chadwick did not terminate the assumption of summary power by State authorities, nor did it quench the zeal of other sanitarians who fought for public health reforms, with or without power to install them. Meanwhile, experience has demonstrated what the prophetic Shattuck assumed that "the favorable opinion and cooperation of the people is desirable." We have learned to appreciate how much enforcement is an extravagant waste of time that might be spent more productively on guidance. We have come to understand the frustrations in a policy that condemns the sanitarian to repeated inspection of chronic violations. And we have come to see that the development of a cooperative program of sanitation standards, education, and compliance will

reduce routine inspections and enforcement actions by health officials and improve sanitary conditions.

This transition in policy did not occur overnight. It had its origin in the first stirrings of modern sanitation. We are not even near the end of the passage. Still it seems that a century of public health practice has brought to adolescence if not to maturity the ideal of sanitation imposed by self-discipline and cooperative action.

Institutions for the Modern Mood

In response to this changed situation, we have developed relatively new health institutions. These institutions appear to be genuine mutations in the social evolution of public health, if their development can be said to resemble the origin of species. Not only are they genuine mutations, but they were to be expected. Social history accepts the fact that the modern corporation, the cooperative association, the trade unions, and the industrial unions were born to meet emergent economic needs, and that interstate authorities, regulatory commissions, and associations for trades, professions, and governments were formed within the past few generations to meet specific administrative needs. The necessity for such new institutions today may seem obvious, but few are able to discern such a need when new social forms and institutions are in embryo.

The field of public health in the past century has had other mutations. We have seen the development of the professional organizations of medicine, sanitary engineering, nursing, and dentistry, the formation of boards of health and departments of health, the growth of public hospitals and health centers, and a proliferation of research institutions, clinics, laboratories, and insurance systems. These institutions have resulted from a broadened appreciation of health practice. The recognized domain of health work has become so broad that today's employees in public health agencies and the professions named above account for but a small part of the total economic activity devoted to protecting and improving the health of the community.

Since the beginning of the public health

movement, there has been a valuable auxiliary force of volunteers, from Florence Nightingale to a host of national and community voluntary associations. Voluntary organizations today play a most useful role in securing popular understanding of public health programs, and for supplementing private health services with experiment and research.

In addition to such voluntary public and professional organizations, we have a major category of those who are public health servants largely by association. They are not always conscious members of the open conspiracy to improve public health. Much of the important activity in fields bearing directly on public health is under commercial management which is often unaware of the full importance of its health role, because it operates primarily with technical or economic objectives. Such management is neither indifferent nor hostile to public health. It is simply for the most part not primarily directed toward health goals. The gain to health is coincidental if not accidental. Nevertheless, no one will deny the contribution of such enterprises as soap, paper, pesticide, cement, or steel production to the elevation of health conditions. In the large sense, nearly everyone is in business for our health. Usually, where economic and technical enterprises have come in direct contact with the public health profession, as in the milk and food industries, managerial cooperation with health authorities has been predominantly sincere and effective. In the control of pollution in water and in atmosphere some of the most practical and effective support is found among enlightened managerial figures who believe that what is good for the community is best for private industry.

A Meeting Ground

In this situation, it was to be expected that institutions would emerge to provide a common ground where various elements, whether engaged directly or obliquely in public health work, would meet to work out a common program. The need for such a meeting place has been intensified by the extraordinary specialization and compartmentalization of health work.

The need for a meeting ground was suggested also by the fact that, in this complex, specialized society, the business of bringing together strangers who ought to meet in a common interest has in itself become something of a specialty.

Consequently, allied interests have developed such institutions as the National Sanitation Foundation, the National Safety Council, the Public Health Committee of the Paper Cup and Container Institute, the Chemical Products Labeling Committee, the 3-A Committees on Sanitary Standards for Dairy Equipment, and many others. While there are many variations in their structure, it is clear that these organizations are a new breed. Not purely public, private, professional, or commercial, their distinguishing characteristic is that they represent a joint effort to blend the public interest, prevailing legal requirements, the best scientific judgment, and sound commercial practice in the economic activities that bear on sanitation.

The Public Health Service finds itself involved with such organizations in several ways. Representatives of the Service work with representatives of commercial interests and others on multilateral committees organized by such responsible agencies as the National Research Council. We also form bilateral joint committees with industry, such as the one which is drafting a recommended code for poultry sanitation. And we serve as consultants to unilateral industry committees such as the committee which is developing sanitation standards for the baking industry. With so many possible permutations of such arrangements, each of these organizations is free to determine what operating structure best serves its purpose. The chances of successful cooperation among the allied interests would seem to require joint contribution of funds or services from the respective public, legal, scientific, and commercial interests. For this reason, and because of its association with the Committee on Food Equipment Standards, the National Sanitation Foundation is a good example of the cooperation that seems likely to characterize a great part of sanitation activity in the future.

Like these other organizations, the National Sanitation Foundation was an organic response

to a social challenge. The men who have assisted its growth declare that they have been the instruments of this response, rather than the authors.

The need for a common meeting ground for the allied interests in this phase of sanitation was not obvious to all. Nevertheless, it was a genuine need, a popular need. This need could not have been satisfied by existing agencies in public health, working by themselves alone. The overburdened health departments too seldom have time to look up from their heavy tasks to see new opportunities ahead. And professional organizations cannot seek to meet the needs of industry any more than a trade association can presume to serve a profession. But an independent organization like the National Sanitation Foundation can combine these interests. Such organizations make it easier for representatives of industry, the professions, and public agencies interested in a particular phase of public health work to combine their energies and to achieve common objectives, such as uniform equipment standards for the food service industry. Their services may be broadened even further to the extent that labor and consumer organizations take part in their future activities.

Uniform Sanitary Standards

The need for consistent standards for food equipment gave the National Sanitation Foundation its first concrete and specific enterprise. Similarly, professional societies and public health agencies have made many useful contributions to resolving the need for standards in this field. A great deal of progress has been achieved by the milk industry and health agencies working through such groups as the 3-A Committees on Sanitary Standards for Dairy Equipment. Similar joint action has been taken by those associated with the Baking Industry Sanitation Standards Committee. Also, many individual food equipment companies have been working with public health agencies directly to develop sanitary standards for their respective products. The Foundation was founded in response to a feeling among members of the food industry that a broad approach

was required to progress specifically against variations and gaps in municipal regulations and their interpretations. The available machinery for resolving the variations and filling the gaps in such regulations did not satisfy the needs of the responsible interests concerned. For the purpose of accelerating the solution to some of these difficulties by practical, democratic, and reasonable means, a cooperative body was formed on invitation by the National Sanitation Foundation.

This body, the Joint Committee on Food Equipment Standards, represented five national professional sanitation organizations and the Public Health Service. Included were the International Association of Milk and Food Sanitarians, the National Association of Sanitarians, the Engineering Section of the American Public Health Association, the Conference of State Sanitary Engineers, and the Conference of Municipal Public Health Engineers. The committee was organized following the Foundation's first National Sanitation Clinic, a 1948 meeting in Ann Arbor. More than 400 guests of the Foundation met in this clinic to discuss food sanitation. Participants in this meeting included authorities from local, State, and Federal Government agencies, from commerce and industry, and from universities and professional associations. They recommended development of standard practices and equipment criteria, and simultaneously the establishment of a testing laboratory that would serve industry, government, professionals, and the public.

The fact that the National Sanitation Foundation is supported by contributions of funds from industry and services from government, professional associations, and the university world puts it at the fulcrum in such a balance of interests in sanitation.

The activities of the Joint Committee have been described elsewhere (3). It is sufficient to note here that the series of standards for the food industry which were worked out by the committee in consultation with industry, government agencies, and professional societies are being published by the National Sanitation Foundation. New equipment which meets these standards will be authorized by the testing laboratory to carry the Foundation's NSF

insigne, as an aid to all concerned with appraising equipment design and construction. Thus, the doubts and problems of the industries and the regulatory agencies both should be materially reduced, because there is every ground for confidence that as much cooperative effort will go into the application of these standards as went into their creation.

The first standards published apply to soda fountain and luncheonette equipment (4). Standards for food service equipment followed (5), and standards for spray-type dishwashing machines are next in view. The dishwashing machine standard, based largely on research conducted since 1944, has been delayed pending further study. All such publications are a welcome and useful supplement to other efforts to raise sanitation levels, such as the operating codes recommended by the Public Health Service.

Since manufacturers and health authorities joined in drawing these standards, it is expected that they will be acceptable to every city and State health department and that they will resolve differences among local health ordinances governing such equipment. This achievement is indeed a milestone in the progress of health services.

The Means to an End

But the significance of this movement does not lie with the standards so much as with their purpose—to contribute to health by improving the American environment. Standards are not an end in themselves. They are merely a means to improve living and working conditions.

Organizations like the National Sanitation Foundation, by such practical devices as these publications, may labor aggressively and experimentally for progress in public health. With a university background, they can be both informed and impartial. They may contract freely, as private institutions, to work on a specific problem proposed by a responsible source. At the same time, they should be bound by professional and official associations to seek the public advantage.

Through its laboratory and insigne, the Foundation aims to encourage acceptance of

the Joint Committee standards. The laboratory will furnish experimental evidence to evaluate equipment. The seal will identify equipment that equals or surpasses basic standards. Such a seal of itself does not assure the sanitary use of equipment. Its significance depends upon the reputation of the forces behind it. This is true of every symbol, from a common trade mark to the American flag.

As the activity of the National Sanitation Foundation laboratory expands, its seal will gain in significance. But the value of such a seal fundamentally will be reflected by its use by industry and by regulatory agencies. No system of laboratory examinations, legal penalties, or other enforcement techniques, however careful, is as effective as free agreements honored among mutually contracting parties.

Private institutions like the Foundation are especially free to encourage experiment with public health methods, including educational activities. They can undertake activities which meet deeply felt needs of community action programs in public health. The potential educational power of such cooperative organizations is one of their most promising aspects.

There is still, after a century of public health work, a serious need for community campaigns of health education which a public or professional agency cannot ordinarily satisfy. A governmental agency is obliged to be conservative in education activity, in deference to the principle that government is the servant of the people and not their schoolmaster. Professional organizations by their nature are more concerned with the special interests of their members than with general needs of the public.

Private organizations, however, if sufficiently endowed, can encourage a bold and experimental approach in educational services.

If there is an element of rivalry and competition in such educational programs, all the better. If the community is to have its money's worth from health education, citizens ought to enjoy an opportunity to compare the relative performances of different kinds of organizations and institutions. In competition of this kind, it is unlikely that the public will be the loser.

The major value of these new institutions,

however, is not that they may be more zealous, dynamic, and enterprising than professional or official bodies. These virtues are welcome, but they are but a supplement to their prime function—to provide a common forum and instrument for allied interests in the field of sanitation. Should they contribute further to stimulating comprehensive sanitation activities (6), helping the social forces of the Nation to put a new face and a new heart into American neighborhoods, they will more than have fulfilled their promise.

Summary

In summary, there has been a need for institutions which will accelerate agreement and action on progressive sanitation measures among the many allied interests in this field. The organizations formed by these allied interests have already encouraged cooperative action among governmental, professional, and industrial organizations. They have helped to achieve a uniform approach to sanitation design and construction of equipment. As they de-

velop, they can help also to satisfy some of the needs for health education and research. The competitive aspects of this situation should be healthful in every sense of the word.

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Dining Car Sanitation Award

The Erie Railroad has been awarded a special citation by the Public Health Service for being the first major line whose dining cars have all been awarded the Certificate of Sanitation under the cooperative inspection program of the railroads and the Public Health Service.

To achieve the Certificate of Sanitation a dining car must receive a rating of at least 95 percent by a Public Health Service dining-car inspector. The inspection is based on a check of 128 separate items involving both basic construction of the car, particularly the kitchen and the pantry, and maintenance of sanitation. The standards for dining-car sanitation were established several years ago by the Public Health Service in cooperation with representatives of the railroads.

The citation was presented June 3 at a special ceremony in Jersey City.